Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period	
from	01/01/2011
through	06/30/2011

Date of election if applicable: (Month, Day, Year)

11/04/2014

JUL 29 2011
CITY OF SANTA MARIA
BY: _____ City Clerk

Page 1 of 5

For Official Use Only

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

[X] Officeholder, Candidate Controlled Committee
  ◯ State Candidate Election Committee
  ◯ Recall
  (Also Complete Part 5)

[ ] General Purpose Committee
  ◯ Sponsored
  ◯ Small Contributor Committee
  ◯ Political Party/Central Committee

[ ] Primarily Formed Ballot Measure Committee
  ◯ Controlled
  ◯ Sponsored
  (Also Complete Part 6)

[ ] Primarily Formed Candidate/ Officeholder Committee
  (Also Complete Part 7)

2. Type of Statement:

[ ] Preelection Statement
[X] Semi-annual Statement
[ ] Termination Statement
  (Also file a Form 410 Termination)
[ ] Amendment (Explain below)

[ ] Quarterly Statement
[ ] Special Odd-Year Report
[ ] Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER 1329293

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Alice Patino for City Council 2014

STREET ADDRESS (NO P.O. BOX)

2624 Airpark Dr.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Santa Maria,	CA	93455	805-934-5737

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Tom Martinez

MAILING ADDRESS

2624 Airpark Dr.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Santa Maria, CA	93454		805-934-5737

NAME OF ASSISTANT TREASURER, IF ANY

Trent J. Benedetti, CPA

MAILING ADDRESS

2151 S. College Dr. Ste. 101

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Santa Maria, CA	93454		805-922-4881

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7-27-11 Date By _____ Signature of Treasurer or Assistant Treasurer

Executed on _____ Date By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____ Date By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____ Date By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee
Campaign Statement
Cover Page — Part 2

COVER PAGE - PART 2

CALIFORNIA FORM **460**

Page __2__ of __5__

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Alice Patino

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

City Council Member

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)   CITY   STATE   ZIP

2624 Airpark Dr.   Santa Maria,   CA 93455

Related Committees Not Included in this Statement: List any committees
not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?
☐ YES   ☐ NO

COMMITTEE ADDRESS   STREET ADDRESS (NO P.O. BOX)

CITY   STATE   ZIP CODE   AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?
☐ YES   ☐ NO

COMMITTEE ADDRESS   STREET ADDRESS (NO P.O. BOX)

CITY   STATE   ZIP CODE   AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER   **JURISDICTION**

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD   DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	
		☐ SUPPORT ☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	
		☐ SUPPORT ☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	
		☐ SUPPORT ☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	
		☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement
Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period

from ___01/01/2011___

through ___06/30/2011___

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Alice Patino for City Council 2014

I.D. NUMBER
1329293

Contributions Received

			Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1.	Monetary Contributions	Schedule A, Line 3	$ 0.00	$ 0.00
2.	Loans Received	Schedule B, Line 3	0.00	1,200.00
3.	SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 0.00	$ 1,200.00
4.	Nonmonetary Contributions	Schedule C, Line 3	0.00	0.00
5.	TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 0.00	$ 1,200.00

Expenditures Made

6.	Payments Made	Schedule E, Line 4	$ 265.85	$ 265.85
7.	Loans Made	Schedule H, Line 3	0.00	0.00
8.	SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 265.85	$ 265.85
9.	Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	0.00	0.00
10.	Nonmonetary Adjustment	Schedule C, Line 3	0.00	0.00
11.	TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	$ 265.85	$ 265.85

Current Cash Statement

12.	Beginning Cash Balance	Previous Summary Page, Line 16	$ 1,122.25
13.	Cash Receipts	Column A, Line 3 above	0.00
14.	Miscellaneous Increases to Cash	Schedule I, Line 4	0.00
15.	Cash Payments	Column A, Line 8 above	265.85
16.	**ENDING CASH BALANCE** .... Add Lines 12 + 13 + 14, then subtract Line 15		$ 856.40

If this is a termination statement, Line 16 must be zero.

17.	LOAN GUARANTEES RECEIVED	Schedule B, Part 2	$ 0.00

Cash Equivalents and Outstanding Debts

18.	Cash Equivalents	See instructions on reverse	$ 0.00
19.	Outstanding Debts .... Add Line 2 + Line 9 in Column B above		$ 1,200.00

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

		1/1 through 6/30	7/1 to Date
20.	Contributions Received	$	$
21.	Expenditures Made	$	$

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
/ /	$
/ /	$

*Amounts in this section may be different from amounts reported in Column B.

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

Schedule B – Part 1
Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

Statement covers period

from __01/01/2011__

through __06/30/2011__

NAME OF FILER

Alice Patino for City Council 2014

I.D. NUMBER
1329293

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Alice M. Patino 609 W. Mill St. Santa Maria, CA 93458 †☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Council Member City of Santa Maria	$ 1,200.00	$ 0.00	☐ PAID $ 0.00 ☐ FORGIVEN $ 0.00	$ 1,200.00 12/31/2011 DATE DUE	0.00% RATE $ 0.00	$ 1,200.00 10/13/2010 DATE INCURRED	CALENDAR YEAR $ 0.00 PER ELECTION** $ 1,200.00
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	0% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	0% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $

SUBTOTALS $ 0.00 $ 0.00 $ 0.00 $ 1,200.00 $ 0.00

(Enter (e) on Schedule E, Line 3)

Schedule B Summary

1. Loans received this period .... $ 0.00
   (Total Column (b) plus unitemized loans of less than $100.)

2. Loans paid or forgiven this period .... $ 0.00
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) .... NET $ 0.00
   Enter the net here and on the Summary Page, Column A, Line 2.   (May be a negative number)

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

†Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule E
Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period

from _____ 01/01/2011 _____

through _____ 06/30/2011 _____

SCHEDULEE
CALIFORNIA FORM 460

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I.D. NUMBER
1329293

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Alice Patino for City Council 2014

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications
CNS	campaign consultants	MTG	meetings and appearances
CTB	contribution (explain nonmonetary)*	OFC	office expenses
CVC	civic donations	PET	petition circulating
FIL	candidate filing/ballot fees	PHO	phone banks
FND	fundraising events	POL	polling and survey research
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services
LEG	legal defense	PRO	professional services (legal, accounting)
LIT	campaign literature and mailings	PRT	print ads

RAD	radio airtime and production costs
RFD	returned contributions
SAL	campaign workers' salaries
TEL	t.v. or cable airtime and production costs
TRC	candidate travel, lodging, and meals
TRS	staff/spouse travel, lodging, and meals
TSF	transfer between committees of the same candidate/sponsor
VOT	voter registration
WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Benedetti & Associates, CPA, Inc. 2151 S. College Dr. Ste. 101 Santa Maria, CA 93455	PRO	Accounting		238.55
Benedetti & Associates, CPA, Inc. 2151 S. College Dr. Ste. 101 Santa Maria, CA 93455	PRO	Accounting		27.30
			SUBTOTAL $	265.85

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) .... $ _____ 265.85 _____

2. Unitemized payments made this period of under $100 .... $ _____ 0.00 _____

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .... $ _____ 0.00 _____

4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .... **TOTAL** $ _____ 265.85 _____